



STATE OF MONTANA  
RISK MANAGEMENT & TORT DEFENSE  
DEPARTMENT OF ADMINISTRATION  
PO BOX 200124 - HELENA, MT 59620-0124  
(406) 444-2421 FAX (406) 444-2592

REPORT OF INCIDENT

COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR LOSS

VEHICLE ( ) PERSONAL INJURY ( ) PROPERTY DAMAGE / OR LOSS ( )

Reporting Person:	Job Title:	
Department:	Division:	Phone:
Date/Time of Incident:	Location of Incident:	

VEHICLE LOSS

ACCIDENT INFORMATION

Were Police Notified? Yes ( ) No ( )	Police Department Name:	
Investigating Officer's Name:	Investigation Officers Phone Number	
Were Citations Issued? No ( ) Yes ( ) STATE Vehicle Driver ( ) OTHER Vehicle Driver ( )		
Weather Conditions: Clear? ( ) Rain? ( ) Snow? ( ) Other? ( ) Describe		
Roadway Conditions: Dry? ( ) Wet? ( ) Icy? ( ) Snow packed? ( ) Other? ( ) Describe		
Light Conditions: Daylight? ( ) Darkness? ( ) Dusk? ( ) Dawn? ( ) Other? ( ) Describe		
Vehicle Speed: STATE Vehicle? OTHER Vehicle?		
License No. _____ Est. Repair _____	Attachment No. _____ Est. Repair _____	Attachment No. _____ Est. Repair _____

Describe Accident/Incident in detail:

Accident Diagram

INDICATE  
NORTH  
BY ARROW



(use blank paper for additional information)

Signature of Driver:	Date:
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STATE VEHICLE INFORMATION

Department Owning Vehicle:	Phone No.	
Driver's Name:	Phone No.	
For What Purpose was the Vehicle Being Used?		
Plate No.	VIN No.	Make/Model/Year:
Location Where Vehicle May Be Seen (Address)?		Equip. No.

OTHER VEHICLE INFORMATION						
Plate No./State:		VIN No.:		Make/Model/Year:		
Owner Name:						
Address:					Phone No.:	
Driver's Name:						
Address:					Phone No.:	
Insurance Co.:			Policy No.:		Phone No.:	
OCCUPANTS						
Name:	Address:		Age	State Veh.	Other Veh.	Injured Y - N
WITNESSES						
Name:	Address:			Phone:		
PERSONAL INJURY						
Name of Injured:		Address:			Phone:	
Nature of Injury:						
Describe clearly how accident/injury occurred:						
<div>(use blank paper for additional information)</div>						
PROPERTY DAMAGE / OR LOSS						
State Property ( ) Other ( )						
Describe clearly how property damage occurred:						
<div>(use blank paper for additional information)</div>						
Property Description (Give make, model, serial number when applicable)						
<div>(use blank paper for additional information)</div>						
Date	Reporting Person's Signature:					
Date	Supervisor's Signature:					
Date	Department Official's Signature:					

